



W2168  
Box-See

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

MAIL STOP	APPLICATION NUMBER			09/558,232
	FILING DATE			4/26/2000
	APPLICANT(S)			David M. MANYAK et al.
	ART UNIT			2168
	EXAMINER			Cheyne D. LY
Amendment	ATTORNEY DOCKET NUMBER			900/00310

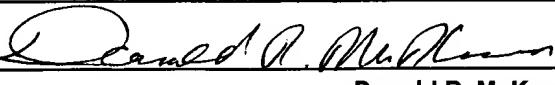
## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> Election/Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Missing Parts/Incomplete Application <input type="checkbox"/> Under 37 CFR 1.52 or 1.53 <input checked="" type="checkbox"/> Extension of Time Request (3 month(s)) <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-SB08 <input type="checkbox"/> Drawings ( sheets(s)) <input type="checkbox"/> Declaration ( sheet(s)) <input type="checkbox"/> Application Data Sheet (updated)	<input type="checkbox"/> PTO-1595 Recordation Form Cover <input type="checkbox"/> Assignment ( sheet(s)) <input type="checkbox"/> Merger/Name Change Certificate <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Change of Address <input type="checkbox"/> Petition <input type="checkbox"/> Revive Application <input type="checkbox"/> Withdraw <input type="checkbox"/> Request <input type="checkbox"/> Correction <input type="checkbox"/> Refund	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other enclosure(s) identified below: <b>Sequence Listing (printout and computer-readable form (floppy disc)); Statement Under 37 CFR 1.821(f)</b>
---	--	--

## REMARKS

The Commissioner is hereby authorized to charge any deficiency(ies) of fee(s) found to be required for this filing, or credit any overpayment(s), to Deposit Account No. 03-0177, referencing the attorney docket number indicated above.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

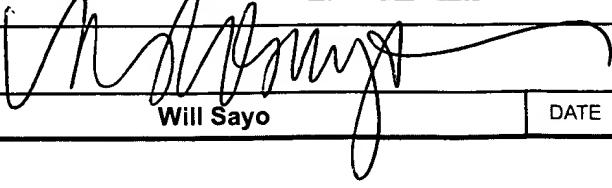
FIRM NAME	CALIPER LIFE SCIENCES, INC.		
SIGNATURE			
PRINTED NAME	Donald R. McKenna, Ph.D.		
DATE	11/29/2006	REG. NO.	44,922

## CERTIFICATE OF TRANSMISSION/MAILING UNDER 37 CFR 1.8

I hereby certify that this correspondence is being:

Deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Transmitted by facsimile on the date shown below to the USPTO, Amendment facsimile number 1-571-273-8300.

SIGNATURE			
PRINTED NAME	Will Sayo	DATE	11/29/2006